

# Self Certificate of Sickness

## DETAILS OF ABSENCE:

Name: .....

Total Number of Days Sick (*including weekends*): .....

My Absence From: ..... To: .....

Reason for Absence: .....

I have/have not\* consulted my Doctor

*\* Delete as appropriate*

Name and address of Doctor: .....

.....

.....

.....

Telephone Number: .....

I reported my absence to:

.....

*(name & position)*

On: .....

*(date)*

I agree that where required I can be referred to the Company's Medical Adviser in connection with this illness.

YES/NO\*

*\* Delete as appropriate*

Signed: .....

Date: .....

## AUTHORISATION:

*\*Manager to delete as appropriate:*

\*I have no reason to believe that the information stated above is incorrect or that Company Procedures were not correctly followed with regard to the reporting of absence.

\*I am unable to countersign this statement to the reasons given in the attached Return to Work Interview form.

Signed: .....

*(Manager)*

Date: .....